

COVID-19 Guidance on Return to Work for EMS Personnel

The guidance below provides a combined summary of guidance on return to work recommendations for healthcare personnel based on the following documents:

Centers for Disease Control and Prevention:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Pennsylvania Department of Health

<https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-484-UPDATE%20Risk%20Assessment.pdf>

<https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-489-03-19-UPD%20-Updated%20In.pdf>

EMS agencies and personnel should contact their occupational health provider or PCP for specific return to work policies and guidance. This information does not override agency policy or occupational health determinations and is provided for informational purposes based on established Federal and State guidance.

Return to Work for Asymptomatic Healthcare Personnel after a COVID-19 Exposure

Prolonged (>2-3 min) close contact with a COVID-19 Patient who was wearing a facemask			
HCP PPE	Exposure Category*	Recommended Monitoring	Action
Not wearing a facemask or respirator (N95)	Medium	Active	Exclude from work for 14 days after last exposure. If community transmission and workforce shortage, may work with facemask.
Wearing a facemask or respirator +/- other protection	Low**	Self with delegated supervision	None
Prolonged (>2-3 min) close contact with a COVID-19 patient who was NOT wearing a facemask			
HCP PPE	Exposure Category*	Recommended Monitoring	Action
Not wearing a facemask or respirator (N95)	High	Active	Exclude from work for 14 days after last exposure. If community transmission and workforce shortage, may work with facemask.
Wearing a facemask or respirator without eye protection	Medium	Active	Exclude from work for 14 days after last exposure. If community transmission and workforce shortage, may work with facemask.
Wearing a facemask or respirator with eye protection	Low**	Self with delegated supervision	None

* NOTE: Exposure Category should be elevated one level in cases of extensive body contact (e.g. rolling patient) or if aerosol-generating procedures (e.g. intubation, nebulizer treatment, CPR) were performed.

** HCP in the low-risk category should perform self-monitoring with delegated supervision until 14 days after the last potential exposure. They should check their temperature twice daily and remain alert for respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat). They should ensure they are afebrile and asymptomatic before leaving home and reporting for work. If they do not have fever or respiratory symptoms they may report to work.

Return to Work for Healthcare Personnel After Confirmed or Suspected COVID-19 Illness

Strategy	Exclude from Work Until:
Test-Based	<ol style="list-style-type: none">1. Resolution of fever without the use of fever-reducing medications, AND2. Improvement in respiratory symptoms (e.g., cough, shortness of breath), AND3. Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens)
Non-Test-Based*	<ol style="list-style-type: none">1. At least 3 days (72 hours) have passed <i>since recovery</i> defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath), AND2. At least 7 days have passed <i>since symptoms first appeared</i>

* If HCP was never tested for COVID-19 but has an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

Work Practices and Restrictions for HCP Diagnosed with COVID-19
<ol style="list-style-type: none">1. Always wear a facemask while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.2. Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset.3. Adhere to hand hygiene, respiratory hygiene, and cough etiquette (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles).4. Self-monitor for symptoms; seek re-evaluation from occupational health if symptoms recur or worsen.